



2006 Copayment Rates

Effective January 1, 2006

Outpatient Services*

Basic Care Services—services provided by a primary care clinician.....\$15/visit
Specialty Care Services—services provided by a clinical specialist such as surgeon, radiologist, audiologist, optometrist, cardiologist, and specialty tests such as magnetic resonance imagery (MRI), computerized axial tomography (CAT) scan, and nuclear medicine studies.....\$50/visit

*Copayment amount is limited to a single charge per visit regardless of the number of health care providers seen in a single day. The copayment amount is based on the highest level of service received. There is no copayment requirement for preventive care services such as screenings and immunizations.

Medications

Medication provided for treatment of nonservice-connected conditions\$8/prescription
The total amount paid by veterans in Priority Groups 2 through 6 is limited to \$960 annual cap.

Inpatient Services**

Inpatient Copayment for first 90 days of care during a 365-day period..... \$952
Inpatient Copayment for each additional 90 days of care during a 365-day period \$476
Per Diem Charge..... \$10/day

**Based on geographically-based means testing, lower income veterans who live in high-cost areas may qualify for a reduction of 80% of inpatient copay charges.

Long-Term Care#

Nursing Home Care/Inpatient Respite Care/Geriatric Evaluationmaximum of \$97/day Adult
Day Health Care/Outpatient Geriatric Evaluation/Outpatient Respite Care.....maximum of \$15/day
Domiciliary Care.....maximum of \$5/day

#Copayments for Long-Term Care services start on the 22nd day of care during any 12-month period—there is no copayment requirement for the first 21 days. Actual copayment charges will vary from veteran to veteran depending upon financial information submitted on VA Form 10-10EC.

Supersedes Fact Sheet 16-1, dated January 2005, which will not be used.
The information contained in this Fact Sheet expires on December 31, 2006.